

# COPAKE HILLSDALE FARMERS MARKET APPLICATION ~ 2019

Every Saturday, May 25 through October 26, 2019, 9AM-1PM

Name \_\_\_\_\_

Farm/Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_ FB business page \_\_\_\_\_

**Products to be sold** (please list specific vegetables, fruits, animal and other products, and types of nursery/plant products and baked goods). *See Vendor Guidelines for more information.*

\_\_\_\_\_  
\_\_\_\_\_

- I may be interested in participating in a weekly Winter Market, please send me more info.
- I may be interesting in being a “Guest Vendor” (*i.e. 6 or less dates*) on the following dates:  
\_\_\_\_\_
- I wish to participate in the Farmers Market Nutrition Program (FMNP) so that I will be eligible to accept FMNP coupons, which can only be used for fresh, locally-grown produce. I understand that to be eligible, I must grow at least 50% of the produce I sell.
- I agree to accept EBT/Food Stamps/SNAP at the Market for qualified products. I will follow the EBT regulations as provided to me by the Market Manager.
- I’d like access to an electric outlet at my booth.
- I’d like to receive CHFM weekly newsletter, please add me to your mailing list

**I HAVE READ AND UNDERSTAND THE VENDOR GUIDELINES (ATTACHED) AND WILL COMPLY WITH THEM.**

If my application has been accepted, I agree to pay the market fee for the season per the fee schedule in the attached Vendor Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Application is due March 15, 2019.** You will be notified of your status by **March 22.**

Please **DO NOT** send any payment until you are notified of your acceptance.

**DO** include with your application any necessary paperwork per the attached Vendor Guidelines. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

Send application package to Nicole Friedrich, 60 Strohmeier Lane, Ancram, NY 12502